## FEC FORM 3X 1. NAME OF COMMITTEE (in

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## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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Rev. 05/2016

Example: If typing, type TYPE OR PRINT ▼ 12FE4M5 COMMITTEE (in full) over the lines. This Is A Super PAC 19 N 7th St ADDRESS (number and street) Check if different than previously 17837 reported. (ACC) Lewisburg FEC IDENTIFICATION NUMBER ▼ CITY A STATE A ZIP CODE A 3. IS THIS **AMENDED** NEW 00607135 X OR REPORT (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Jun 20 (M6) Dec 20 (M12) Mar 20 (M3) Sep 20 (M9) (Non-Electi Year Only) (a) Quarterly Reports: Apr 20 (M4) Jan 31 (YE) Jul 20 (M7) Oct 20 (M10) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of 01 01 2016 Covering Period 2016 through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer **Lindsay Nielson** Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.